

## ANNUAL LEAVE - SICK LEAVE/VACATION ELECTION FORM

Employee Name \_\_\_\_\_ Position # \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_

Department/Location \_\_\_\_\_

Phone Number \_\_\_\_\_ CBID \_\_\_\_\_

I elect to participate in the following leave program:

- ☐ Annual Leave
- ☐ Sick Leave/Vacation

The open enrollment period to elect into, or out of, the Annual Leave Program will occur April 01 through April 30 of each year. The effective date of the election shall be the first day of the June pay period.

In Annual Leave, I understand that the accrual rate and usage provisions differ from the Sick Leave/Vacation Program. Further, if I am a current employee, I understand that when I change from one program to another, all provisions of the program I enter apply upon the effective date. However, the annual leave, sick leave, or vacation balances that I have on the date I choose a new program will continue to be available to me to use. If I have a sick leave balance upon retirement, I may convert it to CalPERS service credit.

I make this election freely and voluntarily.

Signature \_\_\_\_\_

Date \_\_\_\_\_

NOTE: New Employees: If this election form is not returned to the Personnel Office, it will be deemed an election for the sick leave/vacation program.

<b>FOR PERSONNEL OFFICE USE ONLY</b> After processing election, place in employee's personnel file.	
Date Election Received	Received By: